

EXHIBIT E

Banta Claim No. 13548



WR Grace
 Bankruptcy Form 10
 Index Sheet

SR00000722

Claim Number: 00013548

Receive Date: 03/31/2003

Multiple Claim Reference

Claim Number _____

- ☐ MMPOC Medical Monitoring Claim Form
☐ PDPOC Property Damage
☐ NAPO Non-Asbestos Claim Form
☐ Amended

Claim Number _____

- ☐ MMPOC Medical Monitoring Claim Form
☐ PDPOC Property Damage
☐ NAPO Non-Asbestos Claim Form
☐ Amended

Attorney Information

Firm Number:

Firm Name:

Attorney Number:

Attorney Name:

Zip Code:

Cover Letter Location Number:

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD <input type="checkbox"/> TBD <input type="checkbox"/> TBD <input type="checkbox"/> TBD <input type="checkbox"/> TBD	<input type="checkbox"/> TBD <input type="checkbox"/> TBD <input type="checkbox"/> TBD <input type="checkbox"/> TBD <input type="checkbox"/> TBD <input type="checkbox"/> Other Attachments	<input checked="" type="checkbox"/> Other Attachments
Other	<input type="checkbox"/> Non-Standard Form <input type="checkbox"/> Amended <input type="checkbox"/> Post-Deadline Postmark Date	

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF Delaware		(JTB) GRACE NON-ASBESTOS PROOF OF CLAIM FORM
Name of Debtor: ¹ W.R. GRACE + Co.		Case Number 01-01139
<p>NOTE: Do not use this form to assert an Asbestos Personal Injury Claim, a Settled Asbestos Claim or a Zonolite Attic Insulation Claim. Those claims will be subject to a separate claims submission process. This form should also not be used to file a claim for an Asbestos Property Damage Claim or Medical Monitoring Claim. A specialized proof of claim form for each of these claims should be filed.</p>		
Name of Creditor (The person or other entity to whom the Debtor owes money or property): DR. CHARLES J. SANTA		THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent: GEORGEY B. SENCEZ 2005 WOODBROOK DR. MONTOM, TX 76205		
Account or other number by which creditor identifies Debtor: NONE		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Corporate Name, Common Name, and/or d/b/a name of specific Debtor against whom the claim is asserted: W.R. GRACE + CO.		
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Environmental liability <input type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Non-asbestos personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date)
2. Date debt was incurred: 4/16/1995		3. If court judgment, date obtained: _____
4. Total Amount of Claim at Time Case Filed: 600.00 <small>If all or part of your claim is secured or entitled to priority, also complete Item 5 below.</small> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		5. If court judgment, date obtained: AT PRESENT (SEE NOTE)
5. Classification of Claim. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured Nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.		
<input type="checkbox"/> SECURED CLAIM (check this box if your claim is secured by collateral, including a right of setoff.) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Other (Describe briefly) _____ Amount of arrearage and other charges at time case filed included in secured claim above, if any: \$ _____ Attach evidence of perfection of security interest <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM <small>A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.</small>		<input type="checkbox"/> UNSECURED PRIORITY CLAIM - Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$4650), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only
7. Supporting Documents: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
8. Acknowledgement: Upon receipt and processing of this Proof of Claim, you will receive an acknowledgement card indicating the date of filing and your unique claim number. If you want a file stamped copy of the Proof of Claim form itself, enclose a self addressed envelope and copy of this proof of claim form.		
Date 3/27/03 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): GEORGEY B. SENCEZ		WR Grace BF.44.173.8644 00013548 SR=722

REC'D MAR 31 2003

¹ See General Instructions and Claims Bar Date Notice and its exhibits for names of all Debtors and "other names" used by the Debtors.

SPECIFIC INSTRUCTIONS FOR COMPLETING GRACE NON-ASBESTOS PROOF OF CLAIM FORMS

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, there may be exceptions to these general rules.

This Proof of Claim form is for Creditors who have **Non-Asbestos Claims** against any of the Debtors. **Non-Asbestos Claims** are any claims against the Debtors as of a time immediately preceding the commencement of the Chapter 11 cases on April 2, 2001 other than Asbestos Personal Injury Claims, Asbestos Property Damage Claims, Zonolite Attic Insulation Claims, Settled Asbestos Claims or Medical Monitoring Claims, as defined on the enclosed General Instructions. More specifically, **Non-Asbestos Claims** are those claims against one or more of the Debtors, whether in the nature of or sounding in tort, contract, warranty or any other theory of law or equity for, relating to or arising by reason of, directly or indirectly, any injury, damage or economic loss caused or allegedly caused directly or indirectly by any of the Debtors or any products or materials manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors and arising or allegedly arising directly or indirectly, from acts or omissions of one or more of the Debtors, including, but not limited to, all claims, debts, obligations or liabilities for compensatory and punitive damages.

Administrative Expenses: Those claims for, among other things, the actual, necessary costs and expenses of preserving the estate as defined in Section 503 of the Bankruptcy Code that arose after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to Section 503 of the Bankruptcy Code. This form should not be used to make a claim for an administrative expense.

Secured Claim: A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property. Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television set, or other item of property. A lien may have been obtained through a court proceeding before the bankruptcy case began; in some states a court judgment is a lien. In addition, to the extent a creditor also owes money to the debtor (has a right to setoff), the creditor's claim may be a secured claim. (See also Unsecured Claim.)

Unsecured Claim: If a claim is not a secured claim, it is an unsecured claim. Unsecured claims are those claims for which a creditor has no lien on the debtor's property or the property on which a creditor has a lien is not worth enough to pay the creditor in full.

Unsecured Nonpriority Claim: Certain types of unsecured claims are given priority, so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as Unsecured Nonpriority Claims.

Information about Creditor: Complete this section giving the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If anyone else has already filed a proof of claim relating to this debt, if you never received notices from the court which sent notice, or if this proof of claim replaces or amends a proof of claim that was already filed, check the appropriate box on the form.

1. **Basis for Claim:** Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in your social security number and the dates of work for which you were not paid.
2. **Date Debt Incurred:** Fill in the date the debt was first owed by the debtor.
3. **Court Judgments:** If you have a court judgment for this debt, state the date the court entered the judgment.
4. **Amount of Claim:** Insert the amount of claim at the time the case was filed in the appropriate box based on your selected Classification of Claim in item 5. If interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.
5. **Classification of Claim:** Check either Secured, Unsecured Nonpriority or Unsecured Priority as appropriate. (See Definitions above.)

Unsecured Priority Claim: Check the appropriate place if you have an unsecured priority claim, and state the amount entitled to priority. (See Definitions, above). A claim may be partly priority and partly nonpriority if, for example, the claim is for more than the amount given priority by the law. Check the appropriate place to specify the type of priority claim.

6. **Credits:** By signing this proof of claim, you are stating under oath that in calculating the amount of your claim, you have given the debtor credit for all payments received from the debtor.
7. **Supporting Documents:** You must attach to this proof of claim form, copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available, you must attach an explanation of why they are not available.

Be sure to date the claim and place original signature of claimant or person making claim for creditor where indicated at the bottom of the claim form. Please type or print name of individual under the signature. Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable".

RETURN CLAIM FORM (WITH ATTACHMENTS, IF ANY) TO THE FOLLOWING CLAIMS AGENT FOR THE DEBTORS:

Claims Processing Agent
Re: W. R. Grace & Co. Bankruptcy
P.O. Box 1620
Faribault, MN 55021-1620

The Bar Date for filing all NON-ASBESTOS CLAIMS against the Debtors is March 31, 2003 at 4:00 p.m. Eastern Time.

To: Claims Processing Agent
W.R. Grace & Co. Bankruptcy
P.O. Box 1620
Fairbault, MN 55021-1620

From: Geoffrey B. Spencer
2005 Woodbrook Dr.
Denton, Texas 76205

Basis of Claim: This claim is for unpaid doctor & pharmacy bills currently totaling \$660. During the years 1990, 1991, 1992 and 1993 I was an employee (internal auditor) with the headquarters unit of W.R. Grace & Co. In April of 1990 while engaged in an audit of the Cryovac division plant in Iowa Park, Texas I suffered a back injury. I turned around quickly with a suitcase in one hand and an audit bag in the other, and herniated a disk in my lower back (L4 - L5). The injury was both painful and slow to heal and I was off work until sometime in June of that year. I was treated by the physician who performed Grace company physicals in Dallas and later by an orthopedic surgeon he referred me to. The Grace headquarters human resources department determined that Texas law required that this injury be treated under the Texas Workers Compensation statute because I was travelling on company business at the time of the injury. I did not dispute that finding, despite the fact that it meant that I could not collect short term disability insurance and instead received something like \$68 per week for the time off work. My doctors and pharmacy bills were paid in full, and I was assured that I now had full coverage for lower back problems for life. The insurance carrier Grace used for Worker's Compensation in Texas was CNA Insurance, and I spoke to their adjuster several times during my recovery period.

This injury has been troublesome for most of the last dozen years. It never really healed completely and I regularly take anti-inflammatory drugs for back pain. The only real cure that medicine can offer is spinal surgery, a procedure which has very mixed outcomes. I have so far avoided that surgery, at the cost of limping around for several weeks a year. The worst flare-up occurred in June of 2001 and I decided to consult with a board certified orthopedic surgeon to re-evaluate my situation. These doctor visits were pre-authorized by Transportation Insurance Co. (A CNA subsidiary) and were scheduled after confirming that my claim was still open and active with the Texas Workers Compensation Commission. My TWCC claim # is 90 104092N1 and the carrier's claim # is 64432277 E1. Despite all of this, the claims remain unpaid 18 months later. There has been no medical or other review, they just won't pay. While I intend to pursue this matter administratively through the Worker's Compensation Commission I would also like to assert my right to make claim against W.R. Grace directly. The Bar Date Notice Package page 3, section 2F says that I will lose that right by not asserting it now.

Obviously, it is not practical for me to sue W.R. Grace for the surgeons bill, which he has now re-submitted to me. You can't hire a lawyer to collect amounts this small. But the larger issue is the possibility of an operation which may cost thousands of dollars at some future point. This injury is a pre-existing condition to any other insurance company, so if Grace can walk away from this, there is no coverage. I am asking the court to make sure that W.R. Grace and it's agent CNA meet their obligations.

Geoffrey B. Spencer
3/27/03

NORTHPARK ORTHOPAEDICS PA
8220 WALNUT HILL LANE
SUITE 608
DALLAS, TX 75231
(214)987-3434

STATEMENT FOR PROFESSIONAL SERVICES

Place Of Service NORTHPARK ORTHOPAEDICS, P PT-0001

Page No. 1

Return This Portion
With Your Payment

WR GRACE
2005 WOODBROOK DR
DENTON TX 76205

Billing Date 08/26/02

Amount Due 480.00

Discharge Date

Amount Enclosed
\$

Bill To SPENDER

GEOFFREY

Chart No.

12769.5

☐ CHECK HERE and See Reverse For Credit Card Payment

Any Payments Or Charges After The Above Billing Date Will Appear On Your Next Statement.

DATE	PLACE OF SERV	PROCEDURE CODE	DESCRIPTION	CHARGES	CREDITS	BALANCE
8/27/02			BALANCE FORWARD			480.00
8/24/01			W/COMP CARRIER DENIED CLAIM			
			MASTERCARD #/VISA #:			
			SIGNATURE:			
			EXPIRATION DATE:			
			NAME AS LISTED ON THE CARD:			

2ND REQUEST
WE HAVE TO / CAN'T REFUND YOU
OF THIS / OUR / CREDIT.
PLEASE SEND US PAYMENT TODAY.

CURRENT	30 DAYS	60 DAYS	90 DAYS	TOTAL	TOTAL DUE
0.00	0.00	0.00	480.00	480.00	480.00

Chart Number 12769.5
Place Of Service NORTHPARK ORTHOP
Phone 214 987 3434
Referring Physician CHARLES J BANTA II MD
8220 WALNUT HIL LN 608
SUITE 608
DALLAS TX 75231

PLACE OF SERV. CODES

- 11 Office
- 12 Patient's Home
- 21 Inpatient Hospital
- 22 Outpatient Hospital
- 23 Emergency Room-Hospital
- 24 Ambulatory Surgical Center
- 31 Skilled Nursing Facility
- 32 Nursing Facility
- 81 Independent Laboratory
- 99 Other Unlisted Facility

CREDIT CARD PAYMENT

You may pay this bill by credit card. Complete this form below and return in the enclosed envelope.

AMOUNT: \$ _____

CREDIT CARD: _____

CARD NUMBER: _____ CARD EXPIRES: ____/____
MO. YR.

PRINT CARD HOLDER'S NAME: _____

SIGNATURE: _____

P H A R M A C Y ☐ **working Rx**

PO Box 71546
Salt Lake City, UT 84171-0546
(801) 892-5200
Tax ID 87-0570924

TEXAS WORKERS' COMPENSATION COMMISSION
STATEMENT FOR PHARMACY SERVICES
Mail this form to the CARRIER



NABP #: 4585040 ALBERTSONS PHARMACY - Denton, TX		FID #: 87-0570924	INVOICE #:
Carrier's Claim: 901409287		Date of Billing: 8/23/2001	
C A R R I E R <input type="checkbox"/>	RSKCO PO BOX 139046 DALLAS, TX 75313-9826		E M P L O Y E R <input type="checkbox"/> RISKCO P O BOX 139046 DALLAS, TX 75313-9826 (214) 220-1403
INJURED EMPLOYEE'S NAME AND ADDRESS			
E M P L O Y E E <input type="checkbox"/>	SPENCER, GEOFFREY 2005 WOODBORRK DENTON, TX 000000000		Date of Injury: 4/16/1990 Social Security #: 352-48-3057 TWCC # (if known):

A			
Prescribing Doctor's Name: BANTA II, CHARLES J MD			
NDC: 00009005602	Rx #: 0148098	Which Refill #: 0	Quantity: 21
Drug Name and Strength: MEDROL TAB 4MG			
Service Date: 7/10/2001	Days Supply: 6	Generic Drug?: (Y/N) N	Rx Total: \$24.83
Date Paid:	Amount Paid:	Exception Code:	

B			
Prescribing Doctor's Name: BANTA II, CHARLES J MD			
NDC: 00364034701	Rx #: 0148100	Which Refill #: 0	Quantity: 90
Drug Name and Strength: METHOCARBAM TAB 750MG			
Service Date: 7/10/2001	Days Supply: 30	Generic Drug?: (Y/N) Y	Px Total: \$68.87
Date Paid:	Amount Paid:	Exception Code:	

C			
Prescribing Doctor's Name: BANTA II, CHARLES J MD			
NDC: 00025152531	Rx #: 0148101	Which Refill #: 0	Quantity: 30
Drug Name and Strength: CELEBREX CAP 200MG			
Service Date: 7/10/2001	Days Supply: 30	Generic Drug?: (Y/N) N	Rx Total: \$86.30
Date Paid:	Amount Paid:	Exception Code:	